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CONFIRMATION NO. 9212

Bib Data Sheet

SERIAL NUMBER 10/651,692	FILING DATE 08/29/2003 RULE	CLASS 252 418	GROUP ART UNIT 1756	ATTORNEY DOCKET NO. 86712CPK
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APPLICANTS

Thomas R. Welter, Webster, NY;

Krishnan Chari, Fairport, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/09/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	DRAWING 0	20	3
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials				

ADDRESS

Paul A. Leipold
 Patent Legal Staff
 Eastman Kodak Company
 343 State Street
 Rochester , NY
 14650-2201

TITLE

Chiral compounds and compositions containing the same

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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